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Docket No.: 103864-700 RI

PATENT/OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Lasher et al.

Serial No. 09/608,013

Filed: 30 June 2000

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: Group Art Unit: 3721
:
: Examiner: Eugene Kim

For: AUTOMATIC PRESCRIPTION FILLING, SORTING, AND PACKAGING SYSTEM

REQUEST FOR INTERVIEW

Assistant Commissioner of Patents
Washington, D.C. 20231

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TECHNOLOGY CENTER R3700

Sir:

In response to the Action dated August 28, 2002, and the enclosed Amendment in response to that Action, Applicants courteously request that the Examiner contact the undersigned at the number listed below to schedule an interview at a time convenient for the Examiner.

Respectfully submitted,

HALE AND DORR LLP

Gregory S. Discher
Registration No. 42,488

1455 Pennsylvania Avenue, N.W.
Washington, D.C. 20004
TEL 202.942.8437
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Date: 09/30/02

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[X] The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 08-0219, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
HALE and DORR LLP



Gregory S. Discher
Registration No. 42,488

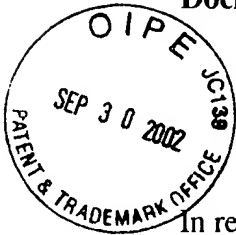
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Date: 09/30/02

3721
\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application-of :

Christopher J. LASHER, et al.

Serial No. 09/608,013

Group Art Unit: 3721

Filed: June 30, 2000

Examiner: Eugene Kim

For: **AUTOMATIC PRESCRIPTION FILLING, SORTING
AND PACKAGING SYSTEM**

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

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Transmitted herewith is an Amendment in the above-identified application.

- ☐ No additional fee is required.
☐ Small Entity Status has been previously established.
☐ Also attached: Change of Correspondence Address and Associate Power of Attorney.
☒ The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	165	134	31	x\$18=	558.00
Independent Claims	33	23	10	x\$84=	840.00
If multiple claims newly presented, add \$280.00					0.00
TOTAL FEE DUE					1398.00

[X] Please charge my Deposit Account No. 08-0219 in the amount of \$1398.00

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